Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

MS# 300222,1

		CLAIMS AS		ILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			48				Ē	RATE	FEE) [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			48 minus 20=		* 28			X\$ 9=		OR	X\$18=	504.00
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=		OR	X84=	25200
MU	TIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zer	o, ente	r "0" in c	"0" in column 2		TOTAL		OR	TOTAL	149600
	CI	LAIMS AS A	MENDED - PART II							' 	OTHER	
		(Column 1)			mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	CINDLIN	TOLANI			+140=.		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		· (Colu	ımn 2)	(Column 3)	Al	DDIT. FEE		•	ADDII. FEÇ	
		CLAIMS		HIG	HEST		lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	TCLAIM	=		X42=		OR	X84=	
<u> </u>	THOTFILL	INTANOIN OF W	OLIN EL DEI	LIVER	1 02 414		'	+140=		OR	+280=	
							Δ1	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3)	_			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT CL AIRA	-	┨┌	X42=		OR	X84=	
Ļ	FIRST PRESE	NTATION OF M	IOLI IPCE DEF	CINDEI	II CLAIM		」	+140=		OR	+280=	
		mn 1 is less than					" L	TOTAL		OR	TOTAL	
**	If the "Highest Nu	mber Previously F Imber Previously F Inber Previously Pa	Paid For" IN THI	S SPACE	is less that	an 3, enter "3."	/ 11	DDIT. FEE	propriate bo		ADDIT. FEE olumn 1.	